

Arizona Commission on the Arts
Artist Project Grants Signature Page
Type or Print all information in the spaces provided

For Staff Use:

Application ID:

A. Contact Information:

Name: _____

Address: _____

Email: _____

Phone: _____

B. Project Discipline:

<p><input type="checkbox"/> Single discipline (select one discipline from the chart to the right)</p> <p><input type="checkbox"/> Multidisciplinary</p> <p><input type="checkbox"/> Interdisciplinary</p> <p>(For projects that are multidisciplinary or interdisciplinary, select all disciplines that apply from the chart to the right)</p>	<p>Visual Arts</p> <p><input type="checkbox"/> Craft</p> <p><input type="checkbox"/> Design</p> <p><input type="checkbox"/> Intermedia</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Public Art</p> <p><input type="checkbox"/> Sculpture</p> <p><input type="checkbox"/> Other: _____</p>	<p>Performing Arts</p> <p><input type="checkbox"/> Dance</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Theatre</p> <p><input type="checkbox"/> Other: _____</p>	<p>Literary Arts</p> <p><input type="checkbox"/> Poetry</p> <p><input type="checkbox"/> Fiction</p> <p><input type="checkbox"/> Non-Fiction</p> <p><input type="checkbox"/> Other: _____</p>
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C. The following information is required for federal reporting purposes. *Information will not be considered during any panel review process and will be used only to determine trends in the field.*

Legislative District: *Based on your street address, enter one legislative district number for each of the government branches listed. To locate your legislative districts, [click here](#). You will need your +4 Zip Code to use this database, hosted by Arizona Citizens/Action for the Arts at www.azcitizensforthearts.org.*

Arizona Legislative District _____ **US Congressional District** _____

Race/Ethnicity Codes:

Individuals should select any combination of the following that best represents their race/ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> No single group |
| <input type="checkbox"/> American Indian/Alaska Native | |

Disability:

Individuals should answer the following question: Are you a person with a disability?

- ☐ Yes ☐ No ☐ Prefer not to answer

E. Deadline for Submission: *Must be postmarked or delivered to the ACA Offices no later than 5:00pm Thursday, September 18, 2008.*

☐ I certify that at the time I submit this application, I am at least 18 years of age and a resident of Arizona. I certify that all statements made in this application are true to the best of my knowledge and in accordance with the eligibility criteria for this program. By submitting this application, I am agreeing to abide by the Arts Commission's policies.

Artist's Signature

Date

Mail to: Arizona Commission on the Arts, 417 West Roosevelt Street, Phoenix, Arizona 85003-1326.

Persons with a disability may request a reasonable accommodation, such as sign language interpreter by contacting the Arts Commission at 602-771-6501. Requests should be made as early as possible to allow time to arrange the accommodation.